

CONFIRMATION OF STILLBIRTH

DOCUMENT NO. SB 1001

IMPORTANT:

1. This document is NOT a stillbirth certificate.
2. This document is a temporary document in lieu of the digital stillbirth certificate. You can visit <https://www.mylegacy.gov.sg> after 24 hours to download the digital stillbirth certificate.
3. This document may be used for the purposes of booking of facilities for funeral wake and burial/cremation.

Digital Stillbirth Certificate No
(if any)

CHILD'S PARTICULARS	Sex	Date of Stillbirth DD / MM / YYYY		Time of Stillbirth HHMM hours	
	Place or Address where Stillbirth Occurred				
CAUSE OF DEATH	(a) Main Disease or Condition in Foetus				
	(b) Other Disease or Condition in Foetus				
	(c) Main Maternal Disease or Condition Affecting Foetus				
MOTHER'S PARTICULARS	Name				
	NRIC / Identification Document No.	Date of Birth DD / MM / YYYY	Race	Nationality / Citizenship	
FATHER'S PARTICULARS	Name				
	NRIC / Identification Document No.	Date of Birth DD / MM / YYYY	Race	Nationality / Citizenship	
BIRTH INFORMATION: Child delivered by: <div> <input type="checkbox"/> Doctor in govt restructured hospital <input type="checkbox"/> Private doctor <input type="checkbox"/> Midwife/nurse in govt restructured hospital <input type="checkbox"/> Private midwife/nurse <input type="checkbox"/> Delivery without aid <input type="checkbox"/> Unknown </div> <div> Birth Order _____ Birth weight _____ grams Period of gestation _____ weeks </div>					
Name, Official Title, Institution and Signature of Certifier <div> <div>Name & Title</div> <div>Signature</div> </div> <div>Institution</div>					
Name, Designation & Signature of Person Issuing this Document (if Issuer is not the Certifier) <div> <div>Name & Designation</div> <div>Signature</div> </div>					Date of Issue DD / MM / YYYY